

FOR OFFICE USE ONLY

REG NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Check# \_\_\_\_\_ \$ \_\_\_\_\_

**KANSAS STATE BOARD OF PHARMACY  
800 SW JACKSON, ROOM 1414  
TOPEKA, KS 66612  
(785) 296-4056  
FAX (785) 296-8420**

**FEE: 24.00**

**APPLICATION FOR SAMPLE DRUG DISTRIBUTION REGISTRATION**

This application is being made for the following reason: (check all that apply):

\_\_\_\_\_ New \_\_\_\_\_ Change of Address \_\_\_\_\_ Change of Ownership

If a Change of Address or Ownership: Previous License Number or Name (if applicable) \_\_\_\_\_

Or Previous Address \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Type of ownership (Check one):

\_\_\_\_\_ **INDIVIDUAL**

\_\_\_\_\_ **PARTNERSHIP** Attach additional listing of each partner's name, address of record and % ownership.

\_\_\_\_\_ **CORPORATION** Attach additional listing of officer's name, title, address of record and % ownership.

\_\_\_\_\_ **LLC** Attach additional listing of members. Include name, title, address of record and % ownership.

\_\_\_\_\_ **OTHER** Indicate type: \_\_\_\_\_

The owner makes application for registration to distribute sample drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR \_\_\_\_\_

PHYSICAL ADDRESS OF DISTRIBUTOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAMES OF DRUGS BEING SAMPLE DISTRIBUTED- Attach list separately if needed

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL  
INFORMATION

CITY STATE ZIP TELEPHONE NUMBER

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

ADDRESS OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

CITY STATE ZIP COUNTY

**OWNER/CORPORATE PORTION**

I, \_\_\_\_\_, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

\_\_\_\_\_  
SIGNATURE OF OWNER/OFFICER

(Seal)

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**AUTHORIZED AGENT PORTION**

I, \_\_\_\_\_, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all statements are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

(Seal)

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/COROPRATE AND CONTACT PERSON/AUTHORIZED REPRESENTATIVE PORTIONS MUST BE SIGNED AND NOTARIZED EVEN IF IT IS THE SAME PERSON.**